

**Health & Nutrition Questionnaire
Preschooler: 3 and 4 years old**

Child's name: _____ Child's Age: _____

At today's visit, we will talk about:

- * How your child is eating
- * Ways to keep your child healthy
- * How your child is growing
- * Questions you may have

Please answer the following questions:

When was your child's last well child visit with his/her doctor? _____

Has there been any change in your child's health since your last WIC visit?

- ☐ No
☐ Yes: _____
☐ Not on WIC before

My child is growing:

- ☐ Too slow ☐ Just enough ☐ Too fast

Do you give your child any of the following?

- Iron ☐ No ☐ Yes
Fluoride ☐ No ☐ Yes
Children's vitamins ☐ No ☐ Yes
Medication ☐ No ☐ Yes: _____

Has your child seen a dentist in the past 6 months?

- ☐ No
☐ Yes
☐ I would like to find a dentist

Does your child have a cavity that needs to be filled?

- ☐ No
☐ Yes
☐ Don't know

About how many hours did your child sit and watch television or videos yesterday?

- ☐ <1 hour ☐ 1 hour ☐ 2 hours
☐ 3 hours ☐ 4 hours ☐ 5 or more hours ☐ None

Do you usually turn off the TV at mealtimes?

- ☐ No
☐ Yes

How often is your child around someone who smokes (includes home, childcare and car)?

- ☐ Never
☐ 3 days per week or less
☐ 4 days per week or more
☐ Person only smokes outside

Over Please.....

Staff use only:

♣ Medical home: Y N
Provider: _____

Dental home: Y N
IZ utd: Y N
☐ request

♣ Growth pattern:
01 02 03 04 06 07 08

♣ Hgb value shared: Y N n/a

♣ Health/medical
10 11 13 14 15 16 17
18 19 31 32 33 34 35
36 38 39 40 41 43

Family environment:
90 96 97

63

How would you describe your child's usual daily activity: (check one)

☐ Very active (plays actively *outside* 2 or more hours per day)

☐ Moderately active (plays actively *inside* and *outside* 2 hours per day)

☐ Somewhat active (plays actively *inside* 1 to 2 hours per day)

☐ Not very active (plays mostly inside)

My child's appetite is:

☐ Great ☐ Good ☐ Fair ☐ Little or no appetite

My child eats with the family:

☐ Most of the time ☐ Sometimes ☐ Rarely

My child eats: _____ # meals each day _____ # snacks each day

My child drinks from a:

☐ Cup ☐ Sippy cup ☐ Bottle

My child drinks: (check all that apply)

☐ Milk ☐ 100% Juice ☐ Water

☐ Fruit punch ☐ Soda or Pop ☐ Sports drinks

☐ Other drinks: _____

Which food group would you like your child to eat more of?

☐ Milk, yogurt, cheese

☐ Protein foods like: meat, fish, eggs, beans

☐ Fruits

☐ Vegetables

☐ Bread, cereal, rice, pasta

☐ Other: _____

From the following list, check any foods your child eats:

- ☐ Nuts ☐ Popcorn ☐ Hard candy
- ☐ Grapes ☐ Raisins ☐ Hotdogs
- ☐ None of these

Does your child ever eat anything that is not food like clay, paint chips, soil, etc?

- ☐ No
- ☐ Yes

I know my child wants to eat when he or she:

I know my child is full when he or she:

I would like to learn more about.....

- ☐ Getting my preschooler to try new foods
- ☐ Ways to stretch my food dollar
- ☐ Family meals
- ☐ Taking care of my preschooler's teeth
- ☐ Play groups in my area
- ☐ Food resources in my area
- ☐ Other: _____

Staff use only:

♣ Nutrition practices:
66 88 89

♣ Topics discussed:

♣ Ed materials given:

☐ None

☐ Feeding Guide

☐ Activity Pyramid

☐ Playing With Your Preschooler

☐ Dental information

☐ Other:

♣ Referrals:

☐ None

☐ HBKF.....☐ Declined

☐ Provider/medical home

☐ _____

♣ Parent's SMART plan for child is:

♣ Nutrition follow up/next steps:

☐ INCP

☐ Phone call

☐ Weight check

☐ Clinic or office visit

☐ Invited to group/nutrition activity:

☐ Other:

♣ Food package: D F

Omissions:

♣ Staff signature & title

♣ Date of visit